Date

	MODIFIED PTO/8B/47 (07-0)
"FEE ADDRESS" INDICATION FORM	
Address to: MAIL STOP M CORRESPONDENCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
check the first box below and provide the Customer Number	Idress should be specified when the patentee would like a different address than the correspondence address for the ted with the fee address for the patent or allowed application, or in the space provided. If there is no Customer Number plication, you must check the second box below and attach a
00	of 37 CFR 1.363 the address associated with: t Annuities (CPA) 197 r Number
OR Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER (if known)	APPLICATION NUMBER
(ii known)	10/584,951
Completed by (check one): ☐ Applicant/Inventor	/Susan J. Mack/ Signature
☑ Attorney or Agent of record 30,951	Susan J. Mack
(Reg. No.)	Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3. Statement under 37 CFR 3.73 (b) is enclosed. (Form P	
2.12 (4) 2.1323	Requester's telephone number
☐ Assignment recorded at Reel Frame	May 14, 2009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.

forms are submitted.

□ *Total of